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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number 518 DECLARATION FOR UTILITY OR First Named Inventor BELENICII DESIGN COMPLETE IF PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: LARGE APERTURE RETRO-REFLECTOR (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International (if applicable). Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application Priority** Certified Copy Attached? Foreign Filing Date Country Number(s) (MM/DD/YYYY) **Not Claimed**

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. [Page 1 of 2]

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PTO/SB/01 (06-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Custome	r Number:	OR [Correspondence address b	elow			
Name tonn R. Ross							
Address TREX ENTERPRISES	5,10455 F	PACIFIC CE	UTEK CT.				
SAN DIEGO		State C 4	ZIP 92121				
Country US A	•		3-646-5581				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	□ A D	etition has been filed fo	or this unsigned inventor				
Given Name (first and middle [if anyl)) MIKHI		Family Na					
Inventor's Signature	cerbii		Date 02/16/6	54			
Residence: City State	A-	Country USA	- Citizenship USA				
Mailing Address ((720 SC	Sqq rs	creek o	DW.				
City Scan Dilgo State	1	ZIP 921	31 Country US	4			
NAME OF SECOND INVENTOR:	· · · · · · · · · · · · · · · · · · ·	A petition ha	s been filed for this unsigned inv	entor			
Given Name (first and middle [if any])	<u>- 1</u>	Family Nan or Surname					
Inventor's Signature Opula Grand	un_		Date 2-16-84				
Residence: City State		Country	Citizenship U S				
San Diego CA Mailing Address		1 42/1					
7387 Celata Las	ne						
City State	· · · · · · · · · · · · · · · · · · ·	ZIP	Country				
San Diego CA		92129	us				
Additional inventors or a legal representative are be	eing named on the	_supplemental sheet(s) PTO/S	SB/02A or 02LR attached hereto.				

PTO/SB/02A (10-00)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:							
Given DAVID		Family Name SANDLER or Surname					
Inventor's Signature	C .			Date			
Residence: City	State	Country		Citizenship			
Mailing Address 3940 Sauzu	. In Are.	# (14		·			
Malling Address							
city San Depo	State	ZIP 97103	Countr	y USA			
Name of Additional Joint Inventor, if any	y:	A petition has be	en filed for thi	is unsigned inventor			
Given Name		Family Name or Surname					
Inventor's Signature				Date			
Residence: City	Country		Citizenship				
Mailing Address	State						
Mailing Address							
City .	State	ZIP	Count	ry			
Name of Additional Joint Inventor, if an	ıy: [☐ A petition has bee	en filed for this	s unsigned inventor			
Given Family Name							
Name or Surname Inventor's Date							
Signature Residence: City	Country						
Residence: City State Country Citizenship Mailing Address							
Mailing Address							
City	State			Country			

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PTO/SB/81 (06-03)

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	ormation unless it displays a valid OMB control number.
Filing Date	2/16/2009
First Named Inventor	BELENKII
Title	LAKER APERTURE
Art Unit	RETAG- REFERENCE
Examiner Name	
Attorney Docket Number	5/8

I hereby appoint:						
Practitioners at Custome	r Number:					
OR						
Practitioner(s) named be	elow:					
	Name	Regist	tration Number			
TOHN	R. ROSS	30,530				
as my/our attorney(s) or agent(s) Trademark Office connected the	s) to prosecute the application identified erewith.	above, and to transact all bus	siness in the United States Patent and			
Please recognize or change the	e correspondence address for the above-	identified application to:				
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Address	TREY ENTERP	RISES				
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Telephone	858-646-548	8 Fax 858	8-646-5581			
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The state of the s			•			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name MIKHAIG BEFENKII						
Signature / Deller Jose						
Date 02 13 04 Telephone 858-646-5879						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of forms are submitted.						

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	2/16/2004
First Named Inventor	BELENKII
Title	BELENKII LARGE APERTURE RETRO-REFLECTO
Art Unit	12012010
Examiner Name	
Attorney Docket Number	5/8

I hereby appoint:		<u></u>			
Practitioners at Custome	er Number:	-			
OR					
Practitioner(s) named be	elow:			:	
	Name		Registration	Number	
#OHN	R. ROSS	30,	530		
as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application ide erewith.	ntified above, and to tra	insact all business	s in the United States Patent and	
Please recognize or change the	e correspondence address for the	above-identified applica	ation to:		
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I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name BONACH BRUNS					
Signature (Donald G. Burn					
Date	2/16/04		Telephone	858-538-9479	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	2/16/2004
First Named Inventor	
Title	MELENKII WALE HOERTURE RETRO-REFLECTOR
Art Unit	TO THE PERSON
Examiner Name	
Attorney Docket Number	518

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I am the:	nt/Inventor								
Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Name PAVIDI SANDRER									
Signature / Cal (2- Carler)									
Date	22/6-04. Telephone 858-646-5529					-5528			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
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